For personal use only. Not for distribution. *For personal use only. Not for distribution.* *For personal use only. Not for distribution.* *For personal use only. Not for distribution.*

	ATV/c	ATV/r	DRV/c	DRV/r	LPV/r	DOR	EFV	ETV	NVP	RPV oral	FTR	LEN	MVC	BIC/ F/TAF	CAB oral	CAB/ RPV	DTG	EVG/c/ F/TAF	EVG/c/ F/TDF	RAL	FTC/ TAF	FTC/ TDF
Atypical Antipsychotics																						
Amisulpride	↔	↔	↔	↔	↔	↔	↔♡	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Aripiprazole	↑♥	↑♥	↑	↑	↑♥	↔	↓♡	↓	↓	↔♥	↔♥	↑	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Asenapine	↑♥	↓♥	↑	↓	↓♥	↔	↓♡	↓	↓	↔♥	↔♥	↔	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Clozapine	↑♥	↑♥	↑	↑	↑♥	↔	↓♡	↓	↓	↔♥	↔♥	↑	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Lumateperone	↑♥	↑♥	↑	↑	↑♥	↔	↓♡	↓	↓	↔♥	↔♥	↑	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Olanzapine	↔	↓	↔	↓	↓	↔	↓♡	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Paliperidone	↑♥	↑♥	↑	↑	↑♥	↔	↓♡	↓	↓	↔♥	↔♥	↔	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Quetiapine	↑a♥	↑a♥	↑a	↑a	↑a♥	↔	↓♡	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑a	↑a	↔	↔	↔
Risperidone	↑♥	↑♥	↑	↑	↑♥	↔	↓♡	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Zotepine	↑♥	↑♥	↑	↑	↑♥	↔	↓♡	↓	↓	↔♥	↔♥	↑	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Phenothiazines																						
Chlorpromazine	↑♥	↑♥	↑	↑	↑♥	↔	↔♡	↔	↔	↔♥	↔♥	↔	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Fluphenazine	↑♥	↑♥	↑	↑	↑♥	↔	↔♡	↔	↔	↔♥	↔♥	↔	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Levomepromazine	↑♥	↑♥	↑	↑	↑♥	↔	↔♡	↔	↔	↔♥	↔♥	↔	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Perazine	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Periciazine	↑	↑	↑	↑	↑	↔	↔♡	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Perphenazine	↑♥	↑♥	↑	↑	↑♥	↔	↔♡	↔	↔	↔♥	↔♥	↔	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Pimozide	↑♥	↑♥	↑	↑	↑♥	↔	↓♡b	↓	↓	↔♥	↔♥	↑	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Prochlorperazine	↑♥	↑♥	↑	↑	↑♥	↔	↔♡	↔	↔	↔♥	↔♥	↔	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Thioridazine	↑♥	↑♥	↑	↑	↑♥	⇓	↓♡	↓	↓	⇓♥	↔♥	↑⇓	⇓	⇓c	↔	⇓	↔	↑	↑	↔	↔	↔
Others																						
Haloperidol	↑♥	↑♥	↑	↑	↑♥	↔	↓♡	↓	↓	↔♥	↔♥	↑	⇑	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Iloperidone	↑♥	↑♥	↑	↑	↑♥	↔	↓♡	↓	↓	↔♥	↔♥	↑	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Pipotiazine	↑♥	↑♥	↑	↑	↑♥	↔	↔♡	↔	↔	↔♥	↔♥	↔	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Sulpiride	↔♥	↔♥	↔	↔	↔♥	↔	↔♡	↔	↔	↔♥	↔♥	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔	↔
Tiapride	↔♥	↔♥	↔	↔	↔♥	↔	↔♡	↔	↔	↔♥	↔♥	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔	↔
Ziprasidone	↑♥	↑♥	↑	↑	↑♥	↔	↓♡	↓	↓	↔♥	↔♥	↔	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Zuclopenthixol	↑♥	↑♥	↑	↑	↑♥	↔	↓♡	↓	↓	↔♥	↔♥	↑	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔

Interactions with CAB/RPV long acting injections

Pharmacokinetic interactions shown are mostly with RPV.
QT interactions shown are with RPV.

Interactions with Lenacapavir

Residual LEN may affect exposure of sensitive CYP3A4 substrates initiated within 9 months after stopping subcutaneous LEN.

Interactions with Ibalizumab

None

Interactions with Abacavir (ABC), Lamivudine (3TC), Tenofovir-DF (TDF) or Zidovudine (ZDV)

ABC: No clinically relevant interactions expected.
3TC: No clinically relevant interactions expected.
TDF: No clinically relevant interactions expected.
ZDV: Potential additive haematological toxicity with chlorpromazine, clozapine, fluphenazine, periciazine, perphenazine, pipotiazine, quetiapine, thioridazine, zuclopenthixol.

Colour Legend

- No clinically significant interaction expected.
- These drugs should not be coadministered.
- Potential interaction which may require a dose adjustment or close monitoring.
- Potential interaction predicted to be of weak intensity. No *a priori* dosage adjustment is recommended.

Text Legend

↑ Potential increased exposure of the antipsychotic
↓ Potential decreased exposure of the antipsychotic
↔ No significant effect
⇑ Potential increased exposure of HIV drug
⇓ Potential decreased exposure of HIV drug
♥ One or both drugs may cause QT and/or PR prolongation. ECG monitoring is advised if coadministered with atazanavir or lopinavir. Rilpivirine and fostemsavir were shown to prolong the QT interval at supratherapeutic doses. Caution is advised with rilpivirine. ECG monitoring is advised with fostemsavir and drugs with a known QT prolongation risk.
♡ Efavirenz has a potential risk of QT prolongation relating specifically to homozygous carriers of CYP2B6*6/*6.

Notes

a Coadministration contraindicated in the European SPC, however, US Prescribing Information recommends quetiapine should be reduced to one sixth of the original dose if coadministered with a potent CYP3A4 inhibitor. The charts reflect the more cautious option.

b The efavirenz European SPC (but no longer the US Prescribing Information) contraindicates coadministration citing competition for CYP3A4 by efavirenz as a potential mechanism for inhibition of pimozide metabolism which may result in potential serious and/or life-threatening adverse events such as cardiac arrhythmias.

c No effect on FTC or TAF is expected, but bictegravir concentrations may decrease.

Using a saved or printed version? Click or scan to check for updates

Abbreviations ATV atazanavir; DRV darunavir; LPV lopinavir; /c cobicistat; /r ritonavir; DOR doravirine; EFV efavirenz; ETV etravirine; NVP nevirapine; RPV rilpivirine; FTR fostemsavir; LEN lenacapavir; MVC maraviroc; BIC bictegravir; CAB cabotegravir; DTG dolutegravir; EVG elvitegravir; RAL raltegravir; F or FTC emtricitabine; TAF tenofovir alafenamide; TDF tenofovir-DF

© Liverpool Drug Interactions Group, University of Liverpool, 3rd Floor William Henry Duncan Building, 6 West Derby Street, Liverpool, L7 8TX.
We aim to ensure that information is accurate and consistent with current knowledge and practice. However, the University of Liverpool and its servants or agents shall not be responsible or in any way liable for the continued currency of information in this publication whether arising from negligence or otherwise howsoever or for any consequences arising therefrom. The University of Liverpool expressly exclude liability for errors, omissions or inaccuracies to the fullest extent permitted by law.